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TO ALARACT
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UNCLAS ALARACT

SUBJ: PREVENTION, TREATMENT AND SURVEILLANCE FOR LEISHMANIASIS IN OIF/OEF
REF/A/MEMO/MCPO-SA/MEDICAL ADVISORY-LEISHMANIASIS/21 OCT 03/
REF/B/DOC/POLICY FOR DIAGNOSIS AND TREATMENT OF *LEISHMANIASIS SP.* DISEASES/
23 DEC 02/[HTTP://WWW.PDHEALTH.MIL/LEISH.ASP](http://www.pdhealth.mil/leish.asp)
REF/C/ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL INFORMATION MEMORANDUM NO.
36: PERSONAL PROTECTIVE TECHNIQUES AGAINST INSECTS AND OTHER ARTHROPODS OF
MILITARY SIGNIFICANCE/AUG 96/
REF/D/FM 4-25.12 (FM 21-10-1) UNIT FIELD SANITATION TEAM/25 JAN 02/
REF/E/FM 21-10 (MCRP 4-11.1D) FIELD HYGIENE AND SANITATION/21 JUN 00/
REF/F/BOOK/CENTERS FOR DISEASE CONTROL AND PREVENTION/HEALTH INFORMATION FOR
INTERNATIONAL TRAVEL/2003-2004/
REF/G/FORSCOM REG 700-2 FORSCOM STANDING LOGISTICS INSTRUCTIONS/AUG 99/
REF/H/MEMO/ASSISTANT SECRETARY OF DEFENSE FOR FORCE HEALTH PROTECTION AND
READINESS (ASD/FHP&R)/BLOOD DONOR DEFERRAL FOR LEISHMANIASIS IN IRAQ/02 OCT
03/

1. LEISHMANIASIS IS A DOCUMENTED THREAT TO U.S. PERSONNEL DEPLOYED TO
SOUTHWEST AND SOUTH CENTRAL ASIA. LEISHMANIASIS IS A PARASITIC DISEASE SPREAD
BY INFECTED SAND FLIES. TWO TYPES OF THE DISEASE OCCUR IN THE AOR. ONE FORM
IS A SKIN INFECTION (CUTANEOUS LEISHMANIASIS [CL]), AND THE OTHER FORM
INFECTS THE LIVER, SPLEEN, AND BONE MARROW (VISCERAL LEISHMANIASIS [VL]).
PEOPLE WITH CL USUALLY DEVELOP ONE OR MORE OPEN SKIN SORES WEEKS TO MONTHS
AFTER BEING BITTEN BY AN INFECTED SAND FLY. OVER 50 CASES OF CL HAVE OCCURRED
IN U.S. PERSONNEL IN THE AOR IN CY03. MOST OF THESE INFECTIONS WERE ACQUIRED
IN IRAQ AND KUWAIT. THERE HAVE BEEN NO CASES OF VL REPORTED SO FAR AMONG U.S.
PERSONNEL DURING OIF/OEF.

2. SOLDIERS CAN PROTECT THEMSELVES FROM LEISHMANIASIS BY PREVENTING SAND FLY
BITES. THERE ARE NO VACCINES OR MEDICATIONS THAT CAN EFFECTIVELY PREVENT
LEISHMANIASIS. LEISHMANIASIS PREVENTION IS A COMMANDERS' PROGRAM.

3. SOLDIERS MUST BE TRAINED TO PREVENT LEISHMANIASIS IN PRE-DEPLOYMENT
BRIEFINGS. DURING DEPLOYMENT, COMMANDERS MUST ENSURE THAT SOLDIERS REMAIN
INFORMED ABOUT THIS THREAT AND ENFORCE PERSONAL PROTECTIVE MEASURES (PARA.4.
BELOW) AND ARE AWARE OF SIGNS AND SYMPTOMS OF INFECTION. DURING RE-DEPLOYMENT
BRIEFING AND PROCESSING, SOLDIERS SHOULD RECEIVE INFORMATION ON DISEASE
RECOGNITION AND HOW TO ACCESS HEALTH CARE IF THEY DEVELOP SKIN LESIONS OR
BECOME ILL AFTER RETURNING HOME.

4. COMMANDERS MUST ENSURE PERSONNEL DEPLOY WITH AND UTILIZE INDIVIDUAL
PROTECTIVE EQUIPMENT TO CONTROL SAND FLIES. SPECIFIC EQUIPMENT INCLUDES
BEDPOLES, PERMETHRIN-TREATED BEDNETS AND UNIFORMS, AND INSECT REPELLENT
(DEET).

A. PERMETHRIN-TREATED UNIFORMS (4 PER SOLDIER) USING "INSECT REPELLENT,
CLOTHING APPLICATION, PERMETHRIN, IDA KIT", NSN: 6840-01-345-0237.

B. DEET SKIN REPELLENT (4 PER SOLDIER), "INSECT REPELLENT, PERSONAL
APPLICATION, 3M, 2-OZ TUBES", NSN: 6840-01-284-3982.

C. PERMETHRIN-TREATED BEDNET (ONE PER SOLDIER) USING "INSECT REPELLENT,
CLOTHING APPLICATION, AEROSOL, ARTHROPOD REPELLENT, 6-OZ CANS", NSN:
6840-01-278-1336.

5. COMMANDERS OF COMPANY-SIZE UNITS ALERTED FOR DEPLOYMENT MUST DEPLOY WITH PROPERLY APPOINTED, TRAINED AND EQUIPPED FIELD SANITATION TEAMS IAW AR 40-5, FM 4-25.12, FM 21-10, AND FORSCOM 700-2.

A. THE UNIT FIELD SANITATION TEAM (FST) ASSISTS UNIT COMMANDERS IN PROTECTING SOLDIERS FROM SAND FLIES AND SAND FLY-TRANSMITTED DISEASES BY STOCKING PERSONAL PROTECTIVE MATERIALS FOR INDIVIDUAL USE (DEET, IDA KITS), AND BY APPLYING AN INSECTICIDE TO KILL THE FLIES USING 2-GALLON PESTICIDE SPRAYERS (NSN 3740-00-641-4719) WITH DEMAND PESTICIDE TABLETS (NSN 6840-01-431-3357). THESE TEAMS ALSO STOCK 12-OUNCE AEROSOL CANS OF APPROVED INSECTICIDES FOR USE IN SLEEPING AND WORK SPACES (NSN 6840-01-412-4634). FM 4-25.12, APPENDIX C, PROVIDES A LIST OF ALL REQUIRED FIELD SANITATION TEAM SUPPLIES.

B. THE IDA KITS ARE USED TO APPLY PERMETHRIN TO UNIFORMS. THE 6-OUNCE AEROSOL CANS OF INSECT REPELLENT ARE USED FOR CLOTHING AND BEDNET TREATMENT (NSN 6840-01-278-1336), AND DEET (PERSONAL INSECT REPELLENT) (NSN 6840-01-284-3982) IS USED ON THE SKIN.

C. THE FST CONDUCTS SURVEILLANCE FOR AND IMPLEMENTS PREVENTIVE MEDICINE COUNTERMEASURES FOR INSECT AND RODENT DISEASE VECTORS, MONITORS FOOD SERVICE AND KITCHEN SANITATION, MONITORS MANAGEMENT AND DISPOSAL OF FIELD WASTES, MONITORS AND DISINFECTS UNIT WATER SUPPLIES, AND TRAINS UNIT PERSONNEL ON PERSONAL HYGIENE.

D. FOR EMERGENCY SUPPLIES OF PESTICIDES AND REPELLENTS, CONTACT THE DEFENSE GENERAL SUPPLY CENTER, RICHMOND, EMERGENCY SUPPLY OPERATIONS CENTER AT DSN 695-4865 OR COMMERCIAL 804-279-4865, SEVEN DAYS A WEEK, 24 HOURS PER DAY.

6. DIVISION AND SEPARATE BRIGADE PREVENTIVE MEDICINE SECTIONS PROVIDE INFECTIOUS DISEASE SURVEILLANCE, VECTOR CONTROL, AND OCCUPATIONAL & ENVIRONMENTAL HEALTH THREAT ASSESSMENT SUPPORT TO THEIR ORGANIC UNITS. PREVENTIVE MEDICINE DETACHMENTS PROVIDE INFECTIOUS DISEASE SURVEILLANCE AND OCCUPATIONAL & ENVIRONMENTAL HEALTH THREAT ASSESSMENT SUPPORT TO DEPLOYED CORPS UNITS ON AN AREA SUPPORT BASIS AND SUPPORTS DIVISION/SEPARATE BRIGADE AND UNITS WITHOUT ORGANIC PREVENTIVE MEDICINE ASSETS UPON REQUEST.

7. ADVISE SERVICEMEMBERS TO SEEK CARE IF THEY HAVE A SKIN LESION. LEISHMANIASIS IS CURABLE. SUSPECTED LESIONS SHOULD BE EVALUATED BY A PHYSICIAN OR PHYSICIAN ASSISTANT IN THEATER TO DETERMINE IF THE PATIENT REQUIRES EVACUATION TO THE LEISHMANIASIS TREATMENT CENTER AT WALTER REED ARMY MEDICAL CENTER. VL SHOULD BE SUSPECTED IN PERSONS WITH A PERSISTENT FEBRILE ILLNESS AND WEAKNESS, ANEMIA, AND ENLARGEMENT OF THE LIVER AND SPLEEN.

8. CL CAN BE SUCCESSFULLY TREATED WITH PENTOSTAM INTRAVENOUSLY FOR TWENTY DAYS. PENTOSTAM IS ADMINISTERED UNDER AN INVESTIGATIONAL NEW DRUG (IND) PROTOCOL ONLY PROVIDED AT WALTER REED ARMY MEDICAL CENTER, SERVING ALL BRANCHES OF THE MILITARY.

9. ALL CASES OF LEISHMANIASIS MUST BE REPORTED THROUGH COMMAND MEDICAL CHANNELS AND THE ARMY REPORTABLE MEDICAL EVENTS SYSTEM (RMES) TO THE ARMY MEDICAL SURVEILLANCE ACTIVITY (AMSA), USACHPPM.

10. DUE TO RISK OF LEISHMANIASIS IN IRAQ, PERSONNEL WHO HAVE TRAVELED OR LIVED IN IRAQ ARE DEFERRED FROM DONATING BLOOD FOR 12 MONTHS FROM THE LAST DAY OF DEPARTURE. THIS DEFERRAL IS IN ADDITION TO OTHER BLOOD DONOR DEFERRALS FOR MALARIA IN IRAQ AND AFGHANISTAN.

11. IF THE SERVICEMEMBER IS RELEASED FROM ACTIVE DUTY (REFRAD) AND SUBSEQUENTLY SEEKS CARE FROM A CIVILIAN DOCTOR, THEY CAN ACCESS THE

DEPLOYMENT HEALTH CLINICAL CENTER AT **1-866-559-1627**, OR WWW.PDHEALTH.MIL.
THERE ARE ALSO RESOURCES AVAILABLE ON LINE AT: [HTTP://WWW.DEFENSELINK.MIL](http://WWW.DEFENSELINK.MIL);
[HTTP://DEPLOYMENTLINK.OSD.MIL](http://DEPLOYMENTLINK.OSD.MIL); [HTTP://WWW.PDHEALTH.MIL](http://WWW.PDHEALTH.MIL);
[HTTP://WWW.TRICARE.OSD.MIL/](http://WWW.TRICARE.OSD.MIL/).

12. HQDA POC FOR THIS MESSAGE IS MR. PAUL REPACI 703-681-2949 OR DSN
761-2949, OR [EMAIL: PAUL.REPACI@OTSG.AMEDD.ARMY.MIL](mailto:PAUL.REPACI@OTSG.AMEDD.ARMY.MIL)

13. EXPIRATION DATE CANNOT BE DETERMINED.